

NEAR EAST UNIVERSITY GRADUATE SCHOOL OF APPLIED SCIENCES

MASTER/PhD STUDENTS APPROVAL FORM

Academic Program	n: M.Sc	PhD						
Academic Year:	20/20 Aca		Academic Seme	ester: Fall	Spring			
PERSONEL DETAILS								
Name Surname:								
ID No:			Passport N	(0:				
Address:								
Mobile No:			Home No:					
Date of Birth:	Nationality:		ity:	Gend	er: Female \square Male \square			
Are you still study	ing any prog	ramme?		·				
			Yes		No			
No								
Department:								
	☐ Photocopy of Diploma							
	☐ Transcript							
DOCUMENTS	☐ English Exam Certificate							
	□ ALES							
	Other remarks							
Student signature: Date: / /								
DEPARTMENT R	REMARKS							
☐The student of	can register a	t the depart	ment requested.					
☐ The student cannot register at the department requested.								
Other Remarks								
A DDD OVA I								
APPROVAL Chairperson of the Department			Signature		 Date			
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Director of Graduate School of		of	A4		_			
Applied Sciences		´ <u> </u>	Signature		Date			